

Employer's ID Number

38-3243956

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002 OF THE CONDITION AND AFFAIRS OF THE

Botsford Health Plan

NAIC Company Code 52570

NAIC Group Code

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(Curr	ent Period) (Prior Period)						
Organized under the Laws	of Michigan	, State of Do	micile or Port of Entry	Michigan			
Country of Domicile		United States of A	America				
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation [1			
	Vision Service Corporation []	Other []	Health Maintenance Organiz	•			
Incorporated	Hospital, Medical & Dental Serv 06/26/1995		Is HMO, Federally Qualified?				
Statutory Home Office	28050 Grand Rive		Farmington Hills, N				
•	(Street and Nur	nber)	(City or Town, State	and Zip Code)			
Main Administrative Office		28050 Grand					
	ton Hills, MI 48336-5933	(Street and	d Number) 248-471-8157-0000				
	Town, State and Zip Code)		(Area Code) (Telephone Numb				
Mail Address	(Street and Number or P.O. Box)	, ,	Farmington Hills, MI 48 (City or Town, State and 2				
Primary Location of Books a	nd Records	280	50 Grand River Avenue				
Farming	ton Hills, MI 48336-5933		(Street and Number) 248-471-8157				
	Town, State and Zip Code)		(Area Code) (Telephone Numb	er)			
Internet Website Address		www.botsfordsyst	tem.org/bhp				
Statement Contact	Regina	a Doxtader	248-471-	8157			
rdox	tader@botsford.org	Name)	(Area Code) (Telephone N 248-471-8887	Number) (Extension)			
	(E-mail Address)		(FAX Number)				
Policyowner Relations Conta	act						
	(Street and	Number)					
(City or	Town, State and Zip Code)		(Area Code) (Telephone Number) (E	xtension)			
		OFFICERS					
President	Ronald P. Szumski		Secretary Lisa D	. Vandecaveye			
Treasurer	David L. Marcellino						
	•	VICE PRESIDENTS					
	DIRE	CTORS OR TRUSTE	ES				
Gerson I Co Jack D. Lenn		Ronald P. Szumski Frank F. Lanzilote D.O.		Paul E. LaCasse D.O. Richard N. Mark D.O.			
Bridgette A.		Annette Johnson #		hel Harris #			
)						
County of	<i>)</i>						
reporting period stated above claims thereon, except as h	entity, being duly sworn, each do re, all of the herein described ass erein stated, and that this statem rue statement of all the assets ar	ets were the absolute property ent, together with related exhibi	of the said reporting entity, fre its, schedules and explanation	e and clear from any liens or s therein contained, annexed			
Statement Instructions and	its income and deductions theref Accounting Practices and Procec es in reporting not related to acco	lures manual except to the extended	ent that: (1) state law may dif	fer; or, (2) that state rules or			
Ronald P. Sz Presider		Lisa D. Vandecaveye Secretary		d L. Marcellino Treasurer			
Subscribed and sworn to b March 31 day of	efore me this 2003		a. Is this an original filing? b. If no 1. State the amendment n	Yes[X] No[]			
uay 01							
			2. Date filed	204			
			Number of pages attach	ieu			

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE BOTSFORD HEALTH PLAN

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	EXHIBIT O ACCIDENT AND HEALTH I REMIGNIC DOL AND CHI AID									
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
0199999 Total individuals										
Group subscribers:										
Group subscribers: State of Michigan Settlements				0						
otato of miorigan cortrollorito						1,021				
				-						
				-						
						-				
		+								
						-				
						-				
0299997 Group subscriber subtotal		0	0	0	0	884,027				
0299998 Premiums due and unpaid not individually listed]				
0299999 Total group	884,027	0	T 0	0	0	884,027				
0399999 Premiums due and unpaid from Medicare entities						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
0499999 Premiums due and unpaid from Medicaid entities			<u> </u>	<u> </u>		1				
0599999 Accident and health premiums due and unpaid (Page 2, Line 10)	884,027	0	1	0	0	884,027				
0399999 Accident and nealth premiums due and unpaid (Page 2, Line 10)	004,027	U	U	U	U	120,400				

EXHIBIT 4 - HEALTH CARE RECEIVABLES

		•			•	1
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables:						
			<u> </u>			
			+			
0499999 Receivables not individually listed						
0599999 Gross health care receivables	0	0	0	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE BOTSFORD HEALTH PLAN

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

	Aging Analysis of Unpaid	Claims	_			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported) Detroit Receiving Hospital						
Detroit Receiving Hospital	4,374	328,020				332,394
Botsford General Hospital	131,310	137,009				268.319
Henry Ford Hospital	21,975	107 , 184				129.159
Regents of U of M, UMH		1,219				53,424
Henry Ford Hospital Regents of U of M, UMH Oakwood Hospital,(Facility)		13,788				53,424 31,237
Childrens Hospital	7 917	13,218				21.135
Annapolis Hospital. Facility	18,317	733				19,050
Sinai/Grace Hospital		5,332				15,769
4-D Pharmacy		0				274,200
	500 404	000 500				4 444 007
0199999 Individually listed claims payable	538 , 184	606,503	U	J	U	1,144,687
0299999 Aggregate accounts not individually listed-uncovered		455,000				U
0399999 Aggregate accounts not individually listed-covered	77,010	155,286		ļ		232,296
0499999 Subtotals	615,194	761,789	0	0	0	1,376,983
0599999 Unreported claims and other claim reserves						1,495,166
0699999 Total amounts withheld						
0799999 Total claims payable		_		_		2,872,149
0899999 Accrued medical incentive pool						3,594,562

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

EXHIBIT OF AMOUNTO DOLLITIONITY ATTENTS, CODOIDIATILES AND ATTICIATED											
1	2	3	4	5	6	Adm	itted				
						7	8				
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
Individually Listed Receivables:											
	1										
	1										
			T								
	T										
	†			1		1					
0199999 Individually listed receivables	0	0	0	1 0	0	0	0				
0299999 Receivables not individually listed	1	I	9		I		9				
0399999 Total gross amounts receivable	0	0	0	0	0	0	0				
usaaaaa rotal gross amounts receivable	U	U	U	U	U	U	U				

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5						
Affiliate	Description	Amount	Current	Non-Current						
Botsford General Hospital	Amounts owed for leased employees, administrative support, supplies etc	217,694	217,694							
	7	,	, , ,							
0199999 Individually listed payables.		217,694	217,694	0						
0199999 Individually listed payables			·							
0399999 Total gross payables		217,694	217,694	0						
		= , *** .								

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	1,907,962	13.7	9,592	50.0	829,905	1,078,057
2. Intermediaries	0	0.0		0.0		
3. All other providers	102,598	0.7	9,592	50.0	0	102,598
Total capitation payments	2,010,560	14.5	19,184	100.0	829,905	1,180,655
Other Payments:						
5. Fee-for-service		0.0	XXX	XXX		
Contractual fee payments	9,525,561	68.6	XXX	XXX	4,406,276	5,119,285
Bonus/withhold arrangements - fee-for-service			XXX	XXX	0.050.000	
Bonus/withhold arrangements - contractual fee payments	2,353,699	16.9	XXX	XXX	2,353,699	
Non-contingent salaries		0.0	XXX	XXX		
10. Aggregate cost arrangements	<u> </u> <u>0</u>		XXX	XXX		
11. All other payments			XXX	XXX	0.750.075	F 440 005
12. Total other payments	11,879,260	85.5	XXX	XXX	6,759,975	5,119,285
13. TOTAL (Line 4 plus Line 12)	13,889,820	100 %	XXX	XXX	7,589,880	6,299,940

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

4	2 3 4 6						
' I	2	3	4	0	, , ,		
			Average		intermediary's		
			Monthly	Intermediary's	Authorized		
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC		
9999999 Totals		0	XXX	XXX	XXX		

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

,	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	87,880		12 , 123	75,757		
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	87,880	0	12,123	75,757	0	75,757

15. Amount Incurred for Provision of Health Care Services



13,787,000

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE BOTSFORD HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION Botsford Health Plan 2. DIVISION (LOCATION) NAIC Group Code BUSINESS IN THE STATE OF Michigan **DURING THE YEAR 2002** NAIC Company Code 52570 0000 Comprehensive (Hospital & Medical) 5 6 10 Medicare Vision Dental Federal Employees Title XVIII Title XIX Health Benefit Plan Total Individual Group Medicaid Other Supplement Only Only Medicare Total Members at end of: ..7.146 1. Prior Year .7.146 ..7.848 .7.848 2 First Quarter. .8,525 .8,525 3 Second Quarter ..9,381 ..9,381 4. Third Quarter 9.592 9.592 Current Year 102.782 6 Current Year Member Months 102.782 **Total Member Ambulatory Encounters for Year:** 14,079 14,079 Physician . 21,007 21,007 8. Non-Physician 35,086 35,086 9. Total 10. Hospital Patient Days Incurred 3,269 3,269 810 810 11. Number of Inpatient Admissions .19,472,857 .19,472,857 12. Premiums Collected 19,960,701 19.960.701 13. Premiums Earned .13,889,820 .13,889,820 14. Amount Paid for Provision of Health Care Services

13,787,000



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

2. DIVISION **REPORT FOR: 1. CORPORATION**

IAIC Group Code 0000 BUSINESS IN THE STATE OF	- Consolidated			DURING THE YEAR	2. DIVISION			(LOCATION) NA	C Company Code	52570
·	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7 , 146	0	0	0	0	0	0	0	7 , 146	
2 First Quarter	7 ,848	0	0	0	0	0	0	0	7 ,848	
3 Second Quarter	8,525	0	0	0	0	0	0	0	8,525	
4. Third Quarter	9,381	0	0	0	0	0	0	0	9,381	
5. Current Year	9,592	0	0	0	0	0	0	0	9,592	
6 Current Year Member Months	102,782	0	0	0	0	0	0	0	102,782	
Total Member Ambulatory Encounters for Year:										
7. Physician	14,079	0	0	0	0	0	0	0	14,079	
8. Non-Physician	21,007	0	0	0	0	0	0	0	21,007	
9. Total	35,086	0	0	0	0	0	0	0	35,086	
10. Hospital Patient Days Incurred	3,269	0	0	0	0	0	0	0	3,269	
11. Number of Inpatient Admissions	810	0	0	0	0	0	0	0	810	
12. Premiums Collected	19,472,857	0	0	0	0	0	0	0	19,472,857	
13. Premiums Earned	19,960,701	0	0	0	0	0	0	0	19,960,701	
14. Amount Paid for Provision of Health Care Services	13,889,820	0	0	0	0	0	0	0	13,889,820	
15. Amount Incurred for Provision of Health Care Services	13,787,000	0	0	0	0	0	0	0	13,787,000	

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

SCHEDULE D - PART 1A - SECTION 1

	1	2 Over 1 Veer Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	% From Col. 7 Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &											ζ/
1.1 Class 1							100.0	832,602	100.0		
1.2 Class 2	, , , , , , , , , , , , , , , , , , ,					0	0.0	0	0.0	,	
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	842,116	0	0	0	0	842,116	100.0	832,602	100.0	842,116	
2. All Other Governments, Schedules				-		, ,				, ,	
2.1 Class 1	· '					0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
3. States, Territories and Possession	s etc Guaranteed. Sc	hedules D & DA (Grou	p 3)	<u> </u>	,		*	·		•	
3.1 Class 1	1				1	0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States, Te	rritories and Possess	ions. Guaranteed. Sch	edules D & DA (Group	4)	•		*	·	*	•	
4.1 Class 1		1	1	-1	1	0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
5. Special Revenue & Special Assess	-		nedules D & DA (Group	5)	Ů	Ů	0.0	0	0.0	0	
5.1 Class 1	- Congations cto.		Caroup	•,	1	0	0.0	n	0.0		
5.2 Class 2						n	0.0	0	0.0		
5.3 Class 3		†				0	0.0	n l	0.0		<u> </u>
5.4 Class 4						n l	0.0	n l	0.0		
5.5 Class 5		<u></u>				n	0.0	n l	0.0		
5.6 Class 6		†	<u> </u>			n l	0.0	 ۱ ۱	0.0		†
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE BOTSFORD HEALTH PLAN

SCHEDULE D - PART 1A - SECTION 1 (continued)

	1	2 Over 1 Veer Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched			10 100.0	::::04g::20 :04:0	010.20.00.0	Total Garrent Total	70 01 2.110 1017	11101 100.	1 1101 1041	114404	(ω)
6.1 Class 1		1				0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffilia	ated). Schedules D &	DA (Group 7)		·	<u> </u>	•	***	•	,,,	<u> </u>	·
7.1 Class 1	,,					0	0.0	0	0.0		
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D 8	& DA (Group 8)	· · · · · · · · · · · · · · · · · · ·		·	<u> </u>	•	***	•	,,,	<u> </u>	-
8.1 Class 1	(оп о о р о)					0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	Group 9)		·	<u> </u>	•	***	•	,,,	<u> </u>	-
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Over 5 Years Through Over 10 Years Total from Col. 6 Col. 6 as a % From Col. 7 Total Publicly Total Privately Placed Through 20 Years Over 20 Years Total Current Year % of Line 10.7 Prior Year Prior Year Quality Rating per the NAIC Designation 1 Year or Less 5 Years 10 Years Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .842,116 ..842,116 10.2 Class 2 0.0 XXX XXX 0.0 XXX XXX 10.3 Class 3 10.4 Class 4 Λ 0 0 XXX. XXX. 10.5 Class 5 0 0 XXX XXX 0 0 0.0 XXX XXX 10.6 Class 6 .842 . 116 _XXX XXX .842 . 116 10.7 Totals .842.116 10.8 Line 10.7 as a % of Col. 6 0.0 0.0 0.0 0.0 XXX XXX XXX 100 0 100.0 100.0 0.0 11. Total Bonds Prior Year .832,602 XXX XXX. .832,602 .100.0 .832,602 11.1 Class 1 XXX. XXX. 11.2 Class 2 ..0.0 XXX. XXX 11.3 Class 3 _0.0 11.4 Class 4 _XXX_ XXX _0.0 11.5 Class 5 XXX XXX 0.0 XXX XXX 0 0 11.6 Class 6 0 11.7 Totals XXX XXX .100.0 11.8 Line 11.7 as a % of Col. 8 100 0 0 0 0 0 0 0 0 0 XXX XXX 100 0 XXX 100 0 0.0 12. Total Publicly Traded Bonds .842,116 ..842,116 12.1 Class 1 .842,116 .832,602 100.0 12.2 Class 2 XXX 0.0 0.0 12.3 Class 3 XXX 0.0 12.4 Class 4 0.0 0.0 XXX 12.5 Class 5 0.0 0.0 XXX 0.0 XXX 12.6 Class 6 0.0 0 12.7 Totals .842,116 ..832,602 842,116 _XXX XXX _100 . 0.0 0.0 XXX XXX XXX 12.8 Line 12.7 as a % of Col. 6 0.0 0.0 _100.0 100.0 12.9 Line 12.7 as a % of Line 10.7. 100.0 0.0 100.0 XXX XXX 100 0 XXX Col. 6, Section 10 0.0 0.0 0.0 XXX 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX. 13.3 Class 3 0.0 0.0 XXX XXX 13.4 Class 4 0.0 0.0 XXX 13.5 Class 5 0.0 XXX 13.6 Class 6 0.0 0.0 13.7 Totals XXX 0.0 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 _0.0 0.0 0.0 XXX XXX XXX 0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 XXX XXX XXX Col. 6, Section 10 0.0 XXX 0.0

(a) Includes \$ ______ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$ ______ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues												
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a %	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed	
1. U.S. Governments. Schedules D & DA (Group 1)	1 Total of Ecss	Through 5 Tours	Through to Tours	Through 20 Tours	OVCI ZO TCAIS	Total Guitent Teal	OI LING 10.7	T HOT TOUT	i iioi i cai		i iacca	
1.1 Issuer Obligations	842 . 116			1			100.0	832,602	100.0	842,116		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
1.7 Totals	842.116	0	0	0	Λ	842.116	100.0	832.602	100.0	842.116	Λ	
2. All Other Governments, Schedules D & DA (Group 2)	072,110	Į V	Į V	V	0	072,110	100.0	002,002	100.0	072,110	U	
2.1 Issuer Obligations				1		0	0.0	0	0.0			
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
MULTI-CLASS RÉSIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined						0	0.0	0	0.0			
2.4 Other						0	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES												
2.5 Defined						0	0.0	0	0.0			
2.6 Other						0	0.0	0	0.0			
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0	
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)		7	7									
3.1 Issuer Obligations						L	0.0	O	0.0			
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						L	0.0	0	0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0			
3.4 Other						0	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES												
3.5 Defined						0	0.0	0	0.0			
3.6 Other						0	0.0	0	0.0			
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)	•	•									
4.1 Issuer Obligations						0	0.0	0	0.0			
4.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0			
4.3 Defined						0	0.0	0	0.0			
4.4 Other						υ	0.0					
BACKED SECURITIES 4.5 Defined						0	0.0	0	0.0			
4.6 Other						0	0.0	0	0.0			
4.7 Totals	Λ	n	n	n	Ω	n	0.0	n	0.0	n	n	
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scheo	Jules D & DA (Group 5)				0	<u> </u>	0.0	•	0.0	0		
5.1 Issuer Obligations						0	0.0	0	0.0			
5.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0			
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined						0	0.0	0	0.0			
5.4 Other						ő	0.0	0	0.0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES												
5.5 Defined						<u>ő</u>	0.0	ō	0.0			
5.6 Other						0	0.0	0	0.0			
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book		•	•	sues			
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year Through	Over 5 Years	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based											
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						٥	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						Ω	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations						0	0.0	0	0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						٥	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations	ĺ					0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)	•									
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						<u></u> 0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued)

SCHEDULE D - PART 1A - SECTION 2 (CONTINUED) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues													
	1	2	3	4	5	6	7	8	9	10	11		
Distribution by Type	1 Year or Less	Over 1 Year	Over 5 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total From Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed		
10. Total Bonds Current Year	I feal of Less	Through 5 fears	iniough to reals	Through 20 fears	Over 20 rears	Current real	Of Lifte 10.7	FIIOI feai	FIIOI Teal	rraueu	Flaceu		
10.1 Issuer Obligations	842.116	0	0	0	0	842.116	100.0	XXX	XXX	842.116	٥		
10.1 Issuer Colligations 10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	042,110				0 N	042,110	0.0	XXX	XXX	042,110	 N		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES		U	U		0	0	0.0				0		
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
10.4 Other	n	n	0	0	O	0	0.0	XXX	XXX	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES									7///				
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0		
10.7 Totals	842.116	0	0	0	0	842 . 116	100.0	XXX	XXX		0		
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0		
11. Total Bonds Prior Year		3.0	1	3.0	2.10						2.10		
11.1 Issuer Obligations	832,602	0	0	0	0	XXX	XXX	832,602	100.0	832,602	0		
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0		
11.7 Totals	832,602	0	0	0	0	XXX	XXX	832,602	100.0	832,602	0		
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0		
12. Total Publicly Traded Bonds													
12.1 Issuer Obligations	842,116					842,116	100.0	832,602	100.0	842,116	XXX		
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds		<u> </u>				0	0.0	0	0.0	0	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
12.3 Defined						0	0.0	O	0.0	0	XXX		
12.4 Other		<u></u>				0	0.0	0	0.0	0	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	0	0.0	0	XXX		
12.5 Defined						U	0.0	U	0.0	U	XXX		
12.6 Other 12.7 Totals	842 . 116	0	0	0	0	842.116	100.0	832.602	100.0	842 . 116	XXX		
12.8 Line 12.7 as a % of Col. 6	042,110	0.0	0.0	0	0.0	042,110	XXX	XXX	XXX	042,110	XXX		
12.9 Line 12.7 as a % of Col. 6. 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX		
13. Total Privately Placed Bonds	100.0	0.0	0.0	0.0	0.0	100.0	ΛΛΛ	۸۸۸	۸۸۸	100.0	۸۸۸		
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0		
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds						0	0.0	0	0.0	XXX	0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES													
13.3 Defined						0	0.0	0	0.0	XXX	0		
13.4 Other						0	0.0	0	0.0	XXX	0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES													
13.5 Defined						0	0.0	0	0.0	XXX	0		
13.6 Other						0	0.0	0	0.0	XXX	0		
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0		
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0		

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

Verification of SHORT-TERM INVESTMENTS Between Years												
	1	2	3	4	5							
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates							
Book/adjusted carrying value, prior year		832,602	0	0	0							
Cost of short-term investments acquired		9,514										
Increase (decrease) by adjustment	0											
Increase (decrease) by foreign exchange adjustment	0											
5. Total profit (loss) on disposal of short-term investments	0											
6. Consideration received on disposal of short-term investments	0											
7. Book/adjusted carrying value, current year		842 , 116	0	0	0							
8. Total valuation allowance	0											
9. Subtotal (Lines 7 plus 8)		842 , 116	0	0	0							
10. Total nonadmitted amounts	0											
11. Statement value (Lines 9 minus 10)		842 , 116	0	0	0							
12. Income collected during year	10,276	10,276										
13. Income earned during year	10,276	10,276										

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	Reins	urance Recoverat	ole on Paid and Unpaid Losses Listed by Re 4	insuring Company as of December 31, Curre	nt Year	
1 NAIC		3	4	5	6	7
Company Code	Federal ID Number	Effective Date	Name of Company AON HEALTHCARE INSURANCE SERVICE	Location	Paid Losses	Unpaid Losses
0599999 - Acc	ident and Health	- Non-Affiliates	AUN FIERE FRONKE THOUKANGE SERVICE	OAL II ONITA	17,505	
0699999 - Tota	als - Accident an	d Health			17,505	
		•				
		•				
		•				
	L					
	-					
0799999 - To	tals				17,505	
0100000 - 10	iulu				17,505	

SCHEDULE S - PART 3 - SECTION 2

1 2 3 4 5 6 7 8 8 9		Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
NAIC Company Federal ID Code Number Effective Date Name of Company 00000	1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
Company Federal ID Code Number Effective Date Name of Company Location Type Premiums (estimated) Unearned Premiums Current Year Prior Year 00000. 00-0000000 00-001/2002 AON HEALTHCARE INSURANCE SERVICE CALIFORNIA. SSL/A 231,565	NAIC		-					-	Reserve Credit			Modified	
0000000-000000004/01/2002AON HEALTHCARE INSURANCE SERVICE CALIFORNIA SSL/A231,565		Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
0000000-000000004/01/2002AON HEALTHCARE INSURANCE SERVICE CALIFORNIA SSL/A231,565	Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	I Inearned Premiums	Current Vear	Prior Vear	Reserve	Under Coinsurance
			04/01/2002	AON HEALTHCARE INSURANCE SERVICE			231 565	(colimated)	Cheamea i remiams	Ouricili real	i noi reai	TICSCIVC	Orider Comparance
				AON HEALITIOARE INSURANCE SERVICE	CALTI ONNTA	UUL/ A							
	0233333 -	TOTAL - NOII-ALL	1114165			T	231,303		+				
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	[<u> </u>							
039999 Totals 231,565	0399999	Totals					231 565						

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

Heinsurance Ceded to Unauthorized Companies													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
													Sum of Cols. 9+10+11+12+13 Bu Not in Excess of Col. 8
NAIC					Paid and Unpaid Losses Recoverable					Funds Deposited by and Withheld from			9+10+11+12+13 Bu
Company	Foderal ID	Effective		Reserve Credit	Losses Recoverable		Total			and Withheld from		Miscellaneous	Not in Excess of
Company	Federal ID Number	Lifective	N (D)	neserve Credit	Losses necoverable	01 5 1 1	10tai		l - . • .	and withheld from	6:1	IVIISCEIIAI IEUUS	NOT IT EXCESS OF
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	Cols. (5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Col. 8
						<u> </u>				1			
			1										
		1											1
			1						1				
											+		
										†	†		-
				<u> </u>		<u> </u>				<u> </u>			
		İ	1						1	.			
			1							†	†		1
·		 	1						·	 	 		+
		 											-
													
1199999	Totals												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Officea)													
	1 2002	2 2001	3 2000	4 1999	5 1998								
A. OPERATIONS ITEMS													
1. Premiums	0	0	0	0	0								
2. Title XVIII-Medicare	0	0	0	0	0								
3. Title XIX-Medicaid	232	205	190	0	0								
Commissions and reinsurance expense allowance		0	0	0	0								
Total medical and hospital expenses	42	12	31	0	0								
B. BALANCE SHEET ITEMS													
6. Premiums receivable		0	0	0	0								
7. Claims payable		0	0	0	0								
Reinsurance recoverable on paid losses	18	12	31	0	0								
Experience rating refunds due or unpaid		40	0	0	0								
Commissions and reinsurance expense allowances unpaid		0	0	0	0								
11. Unauthorized reinsurance offset		0		0	0								
11. Unautifulized feitisulance diset		g											
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND													
FUNDS WITHHELD FROM)													
12. Funds deposited by and withheld from (F)	0	0	0	0	0								
13. Letters of credit (L)	0	0	0	0	0								
14. Trust agreements (T)	0	0	0	0	0								
15. Other (O)	0	0	0	0	0								

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 9)	9,245,270		9,245,270
2.	Amounts recoverable from reinsurers (Line 12)	17,505	xxx	17 , 505
3.	Accident and health premiums due and unpaid (Line 10)	884,027		884,027
4.	Net credit for ceded reinsurance	xxx	17 , 505	17 , 505
5.	All other admitted assets (Balance)	87,371		87,371
6.	Total assets (Line 23)	10,234,173	17,505	10,251,678
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,872,149	0	2,872,149
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,594,562		3 , 594 , 562
9.	Premiums received in advance (Line 6)	0		
10.	Reinsurance in unauthorized companies (Line 14)	0	xxx	
11.	All other liabilities (Balance)	346,008		346,008
12.	Total liabilities (Line 18)	6,812,718	0	6,812,718
13.	Total capital and surplus (Line 26)	3,421,455	XXX	3,421,455
14.	Total liabilities, capital and surplus (Line 27)	10,234,173	0	10,234,173
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	17 ,505		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	17 , 505		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	17,505		

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13	
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)	
52570	38-3243956	Botsford Health Plan					(1,391,251)				(1,391,251)		
	38-1426919 38-2410823	Botsford General Hospital - management services Botsford General Hospital - management services. Community Emergency Medical Services - rent.					1,359,031 32,220				1,359,031 32,220		
					 				 				
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9999999 Cd	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		SEE	EXF	² LANA	ATION
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[]	No	[X]
3.	Will an actuarial certification be filed by March 1?	Yes	[]	No	[X]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[]	No	[X]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[]	No	[X]
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[]	No	[X]
	APRIL FILING					
7.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No	[]
8.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No	[X]
9.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No	[]
	JUNE FILING					
10.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X]	No	[]

EXPLANATIONS:

1. Extension granted for filing the Supplemental Compensation Exhibit, Actuarial Certification, and Risk-Based Capital Report until March 31, 2003. The SVO Compliance Certivication is not required by the State of Michigan.

BAR CODE:













OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 13. *REVEX1			
1304. Prior Year Settlement		(1,348,351)	0
1397. Summary of remaining write-ins for Line 13 from Page 04	0	(1,348,351)	0
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	-